



Estimated Income Tax Payments For Nonresident Shareholders, Members or Partners

DUE DATES (for calendar year filers): April 17, June 15, September 17, 2007 and January 15, 2008, and with VT Form WH-435SH, if required.
SEE INSTRUCTIONS ON PAGE 2.

PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW

If AN ELIGIBLE composite filer,
Check here. ☐

FEDERAL
ID
NUMBER

THE FISCAL YEAR ENDING AND THE VERMONT BUSINESS
ACCOUNT NUMBER (VBA#) MUST BE PROVIDED.

CALENDAR
YEAR OR
FISCAL YEAR
ENDING (y y y y m m)

VERMONT
BUSINESS
ACCOUNT
NUMBER

CHECK TYPE OF ENTITY

☐ S Corporation (S) ☐ Limited Liability Company (L) ☐ Partnership (P)

REW (VT Form
RW-171)

FOR DEPARTMENT USE ONLY

IW CX CW

- If the entity was subject to Real Estate Withholding (REW) this taxable year, check the REW box above and provide copies of the VT Form RW-171 with this form and VT Form WH-435SH.
- If you are filing as an eligible composite filer for the first time, note that you are making a 5-year binding election to conform to the requirements of TB-05, revised.

Total Vermont estimated income tax payments for this quarter (Use WHOLE DOLLARS) . . \$

Provide a schedule of the persons (or C Corporations) for whom the estimated income tax payments are being made

(A) Social Security Number or Federal ID Number	(B) Name and Address	(C) If this is a lower-tier entity, check box (See INSTR on Page 2)	(D) Estimated Payment Amount (WHOLE DOLLARS)	(E) Tax Year Ending (Year / Month) For Credit
	1. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		YYYY MM
	2. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		
	3. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		

☐ Check here if continued on Page 2 or additional pages

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. §5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Officer or Authorized Agent

Printed name

Date _____

Daytime telephone
number (optional)
()

May the Dept. of Taxes discuss this return with the preparer named?
☐ Yes ☐ No

**Paid
Preparer's
Use Only**

Preparer's
signature

Date

Check if self-employed ☐Preparer's
printed namePreparer's Social
Security No. or PTIN

Name and address
of preparer's firm
or business

EIN

Preparer's Telephone Number	
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INSTRUCTIONS

- **NEW:** There is now an opportunity for an entity to voluntarily opt to file a composite return and to also notify the Department that the entity was subject to Real Estate Withholding (REW). See the check boxes on side one and also note the binding election associated with composite filing.
- A Subchapter S Corporation, Limited Liability Company or Partnership is required to make estimated income tax payments on behalf of its non-Vermont shareholders, members or partners. **If any are lower-tier entities, the minimum annual tax is \$250 for each one.**
- **For column (C), check if the payment is for a lower-tier entity. If a Subchapter S Corporation, Limited Liability Company, or Partnership, provide a separate Form WH-435 for the individuals (or C Corporations) that are ultimately to receive the credit on an individual (or corporate) income tax return.**
- The estimated payments are due quarterly and are calculated by multiplying the estimated payment rate (7.2% for 2007) by the income distributed or allocable to the shareholder, member or partner (taxable income reported on Federal Schedule K-1). **For additional information see VT Technical Bulletin 5 (TB-05) (revised), VT Technical Bulletin 6 (TB-06), and Form WH-435SH (Safe Harbor Worksheet) at our website www.state.vt.us/tax under the headings of "Legal Interpretations" and "Forms", respectively.**
- Technical Bulletin 5 (TB-05) now provides for an "administrative safe harbor" and a "catch-up payment" for estimated payments due on or after April 15, 2005. This "catch-up payment", if required, must be paid on or before the original due date of the Vermont business income tax return for the taxable year. The "catch-up payment" is determined using VT Form WH-435SH (Safe Harbor Worksheet) and should accompany a completed VT Form WH-435 and the payment.
- **Certain Subchapter S Corporations, Partnerships, and Limited Liability Companies may file and remit the estimated tax payments on behalf of nonresident shareholders, partners and members annually, on January 15th, instead of quarterly. To qualify, the entity must have a single (nonresident) shareholder, partner or member and a tax liability of \$250 or less in the prior year; or 2 or more shareholders, partners or members and a tax liability of \$500 or less in the prior year.**
- Complete the information for the entity and enter the total amount of estimated payments being remitted for all Vermont nonresidents.
- **THIS FORM MUST STATE THE FISCAL YEAR ENDING AND THE ASSIGNED VERMONT BUSINESS ACCOUNT NUMBER (VBA#).**
- Use blue or black ink to fill in the form and clearly print or type the entries. Round amounts to the nearest whole dollars. Call (802) 828-5723 if you need assistance.

Provide a schedule of the persons (or C Corporations) for whom the estimated income tax payments are being made

(A) Social Security Number or Federal ID Number	(B) Name and Address	(C) If this is a lower-tier entity, check box (See INSTR above)	(D) Estimated Payment Amount (WHOLE DOLLARS)	(E) Tax Year Ending (Year / Month) For Credit
	4. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		Y Y Y Y M M
	5. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		
	6. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		
	7. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		
	8. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		
	9. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		
	10. _____ _____	<input type="checkbox"/> S Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation		

☐ Check here if continued on additional pages. *Attach additional pages in the same format as necessary.*

(Rev. 11/06)

Form WH-435

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